

Commonwealth of Virginia

CITY OF ALEXANDRIA

SEP 3 0 2018

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Voter Registration Type of Statement □ NEW **X** AMENDED This committee is registering with the This committee is filing an amended Statement of Organization. Virginia State Board of Elections for the first time. Date Changes Took Effect SBE-issued Committee ID 09/20/2016 CC-12-00942 Committee Information Ebbin for Virginia Name of Candidate Campaign Committee PO Box 26415 Street Address/PO Box Suite# Committee Alexandria VA Information 22313-641 City State Zin Code Info@adamebbin.com 703-671-3843 Email Address Daytime Phone # www.adamebbin.com Campaign Website Candidate Information Hon. Ebbin Adam Last Name First Name Salutation Middle Name Suffix 1201 Braddock PI 210 Residence Address Apt# Alexandria VA 22314-166 Candidate Information City State Zip Code ALEXANDRIA CITY 710023408 County or City of Residence Voter Identification # adam@adamebbin.com 703-395-1858 **Email Address** Daytime Phone # 🛛 By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** Member Senate Of Virginia State Senate - 30th District Election Office Sought District (if one) Information

Democratic

Political Party

2019

Year of Election

November May Special

Type of Election



Statement of Organization CANDIDATE COMMITTEE

| | | Trea | surer Information | | | | |
|---------------------------------------|---|-------------------|-------------------|---|------------|---|--|
| Treasurer Information | Mr. | Holcomb | Gregory | J. | | | |
| | Salutation | | First Name | | iddle Name | Suffix | |
| | 2721 S Adams St | | | 302 | | | |
| | Residence Address | | | Apt# | | | |
| | Arlington | n | | VA | | 22206-288 | |
| | City | | | State | | Zip Code | |
| | ARLING | TON COUNTY | | 237472901 | | | |
| | County or | City of Residence | | Voter Identification # | | | |
| | greghold | omb@gmail.com | | 202-288-5178 | | | |
| | Email Add | Iress | | Daytime Phone # | | | |
| | 23 By checking this box, I certify that I am currently registered to vote at the address above. | | | | | | |
| | * | Can | paign Depository | | | | |
| Bank of Americ | ca | | | | | | |
| Name of Primary Financial Institution | | | Name of Other F | Name of Other Financial Institution (if applicable) | | | |
| Arlington | | VA | | | | | |
| City | | State | City | State | | | |
| | | Con | mmittee Activity | | | | |
| Dates of Activity | Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") | | | | | | |
| | | • | 03/04/30 | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Date first contribution accepted: | | | | | | |
| | Date first expenditure made: | | 03/02/20 |)11 | | | |
| | Date campaign depository designated: | | 02/28/20 | 011 | | | |
| | Date filing fee paid for party nomination: | | 03/30/30 |)15 | | | |
| | ŀ | | 03/20/20 |)15 | | | |
| | Date Statement of Qualification filed: | | ion filed: | | | | |
| | | Same of Gammon | | | | | |

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Statement of Organization CANDIDATE COMMITTEE

| | Filing Method | | | | | |
|--------------------------|---|--|--|--|--|--|
| Filing Method | Please indicate the method by which this committee will submit all required campaign finance reports: | | | | | |
| | ☐ File electronically using SBE's Electronic Filing Application. | | | | | |
| | ☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) | | | | | |
| | ☐ File paper reports. | | | | | |
| | Signature Phis 9/27/16 Date | | | | | |
| Signatures | | | | | | |
| | | | | | | |
| Candidate's Signature | I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to compty with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature | | | | | |
| Treasurer's Signature | 1 accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Firginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Firginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer 5 Signature Onto Treasurer 5 Signature Date | | | | | |